

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KH	70591	2/18
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	RF	70556	3/3/86
RESPONSE FORMALITY REVIEW	RF	70556	3/16/86 4/19/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 -+ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	8/29/85
1 (Original)	10/10/85
2	10/10/85
3	10/10/85
4	0
5	8/29/85
6	8/29/85
7	10/10/85
8	10/10/85
9	10/10/85
10	8/29/85
11	0
12	8/29/85
13	10/10/85
14	10/10/85
15	10/10/85
16	0
17	10/10/85
18	10/10/85
19	0
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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